

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011553

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 150 Primary Registration District No. 4241 Registrar's No. 32

FILED MAR 29 1962

I. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Sue-a-Bay Swp

Length of stay in 1b

10yrs

c. FULL NAME OF (If NOT in hospital, give location)

home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

Oak Grove

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

none

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Fred

Middle

J.

Last

Swanson

4. DATE

OF

DEATH

Month

March

Day

24

Year

1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

8. DATE OF BIRTH

1-31-02

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

carpenter

10b. KIND OF BUSINESS OR INDUSTRY

construction

11. BIRTHPLACE (City and state or country)

Stratford Iowa

12. CITIZEN OF WHAT COUNTRY

U. S.

13a. FATHER'S NAME

Charles Swanson

13b. MOTHER'S MAIDEN NAME

Addie Peterson

14. NAME OF HUSBAND OR WIFE

Mrs. Anna Swanson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

no

(If yes, give war or dates of service)

none

17. INFORMANT

Mrs. Anna Swanson

Address

Oak Grove, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

10 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Mar. 24 1962 to Mar. 24 1962 and last saw her alive on Mar. 24 1962
Death occurred at 12 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

R. L. Swanson

22b. ADDRESS

Oak Grove, Mo

22c. DATE SIGNED

3-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

March 26, 1962

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove, Cemetery

23d. LOCATION (City, town, or county)

Oak Grove, Mo

(State)

24. FUNERAL DIRECTOR

Boyer Funeral Home Oak Grove, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

3-26-1962

26. REGISTRAR'S SIGNATURE

R. L. Swanson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 7000

2 7000

3 2

4 0

5 1

6

7 1

8 2

9 4201

10

11

12 90-0

13 2-0

APR 3 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Kenneth Royce

Licensed Embalmer No. 4591

P. O. Address Oak Grove, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.